

*CITY OF WARWICK  
ALARM APPLICATION*

***Alarm Permit #*** \_\_\_\_\_

*Residential* \_\_\_\_\_  
(please check one)

*Commercial* \_\_\_\_\_

*Name of Home Owner, Business Owner or person legally responsible for  
the alarm system:* \_\_\_\_\_ *DOB* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Name of Business (if applicable):* \_\_\_\_\_

*Home or Business Telephone #:* \_\_\_\_\_

*Address where alarm is installed:*

\_\_\_\_\_  
\_\_\_\_\_

*Mailing or billing address if different from above:*

\_\_\_\_\_  
\_\_\_\_\_

*List all telephone numbers where the owner or user can be contacted.  
(please include pager number, if applicable)*

*Owners name:* \_\_\_\_\_

*Home phone/Pager #* \_\_\_\_\_

*Managers Name:* \_\_\_\_\_

*Home phone/Pager #* \_\_\_\_\_

~~-OVER-~~

*\*\*Secondary Contact Person\*\* refers to a person who can be contacted and will respond to the premises in the even of an emergency, or to reset or deactivate the alarm system, or who would contact the alarm users if the alarm user is not at the protected premises.*

*NAME:*\_\_\_\_\_

*Address:*\_\_\_\_\_

*Phone #:*\_\_\_\_\_

*Name, address and telephone number of the person or company that installed, or is responsible for the maintenance, repair or monitoring of the alarm system, if applicable.*

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*In order for your alarm system to be in compliance with the City Ordinance, it must employ the following:*

- 1. The alarm system must have a backup power supply that becomes effective in the event of a power failure or outage in the source of electricity from the utility company.*
- 2. Should your alarm system utilize an audible bell, horn, siren or other sound-emitting device, it must deactivate the system with in fifteen (15) minutes after activation. If your system does not have an automatic deactivation device, one must be installed and maintained prior to receipt of the alarm permit.*

*I certify that my alarm system meet the ordinance requirements.*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date*